FOUNDATIONS OF MEDICINE → HUMAN SYSTEMS IN HEALTH AND DISEASE → PREPARATION FOR CLERKSHIPS → CORE CLERKSHIPS → ELECTIVES → PREPARATION FOR RESIDENCY

BCC 7160
Surgery Clerkship
2025-2026

Education Director

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Rural Program Site	**Clerkship Administrator**
Marianna	John D. Byrd, MD
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Contents

Overview

Course Description
Students will participate in this clerkship as either a 6-week block or through the Longitudinal Integrated Curriculum (LIC). The Surgery Clerkship is a clinical clerkship in the care of patients suffering from conditions that are amenable to treatment by the use of the hand (surgery; from the Greek: *cheir* [hand] and ergon [work], literally "handiwork"). Students will be assigned to a General Surgery clerkship faculty member who shepherds student experience in the operating room, outpatient clinics, and office-based practice. This contact will provide the student with an appreciation of what a practicing community surgeon does, both in the operating room and in both the inpatient and outpatient settings. The major emphasis in this rotation will be placed upon issues and problems in General Surgery, but student familiarity with common problems in the surgical subspecialties (i.e., thoracic, cardiovascular, orthopedics, urology, otolaryngology, and neurosurgery) is also tested on the end-of-clerkship NBME Clinical Subject Examination. Students will have the opportunity to work one-half day with an anesthesiologist to learn airway management, and it is the student's responsibility to contact the Department of Anesthesia to plan for this experience.

Orientation and Syllabus Review
Students are required to read the syllabus located on the [Office of Medical Education](#) site to become familiar with expectations before beginning the clerkship. Students will also use the [Canvas M.D. Clerkships AY2025-2026](#) Surgery site page to access course material. A site-specific orientation will occur at the assigned clinical site before the initiation of clinical activities. Students are responsible for communicating with Clerkship Faculty before the start date of the clerkship to coordinate meetings. The keys to success during this rotation lie principally in these two areas:

- Enthusiastic attendance and participation at all clinical functions. A daily text reading program covering not only the clinical encounters of the day but also that daily amount of text necessary to complete the core material by the end of the clerkship.
- Preparation for operative case participation, including anatomical review, is important to maximize the learning opportunities presented. Recommended resources include surgical atlases which are invaluable as pre-operative resources.

Longitudinal Integrated Curriculum (LIC)
General information and policy regarding the Longitudinal Integrated Curriculum (LIC) in Marianna can be found on the syllabi page of the [Office of Medical Education](#) site.

Scheduled Hours/On-Call
Students will take overnight calls twice per week during the clerkship and will be expected to be a part of any surgical admission or procedure occurring during their time on-call. The workweek will consist of Monday through Saturday (inclusive). Work hours must be documented in the [Encounter Tracking System (ETS)](#) daily.

- During off-cycle rotations during which Doctoring 3 is not scheduled, students will work 5 or more days per week with Clerkship faculty.
- Students enrolled in the LIC will participate on the schedule provided by the Clerkship Administrator at the Marianna rural training site.

Required Assignments

Completion of all assignments with a satisfactory and timely submission is a clerkship requirement. If Student Academics is unavailable students will email their documents to their Clerkship and Education Director.

Required Assignment 1: Evidence-Based Controversies in Surgery Paper
This assignment is to familiarize students with the lifelong importance of evidence-based medicine in determining the best clinical practice and to assist with how and where to collect evidence-based data. The scope of the paper must identify a controversial **clinical** problem in Surgery that interests the student. Students will present the pros and cons of the *evidence-based* data with full references; students will form their conclusion and justify their position. The paper will be three pages long (double spaced) at 1,000 words, not including references. This assignment is not intended to be a restatement of a book chapter, in which there is extensive discussion of the background of the issue and a description of the application of a surgical technique. It is insufficient to know the correct conclusion, the data presented, and analysis must prove it. [Evidence-Based Medicine Tutorial](#) is an excellent review of evidence-based data, including hierarchy and validity.

Submission
- Upload the evidence-based controversies in surgery paper to the "Project Documents" tab for the course in Student Academics **by 5:00 PM on Friday of the LAST week** of the clerkship.

Evaluation
- Evaluation of this assignment is completed by the Education Director using the following rubric:

Evidence-Based Controversies in Surgery Paper evaluation rubric	Above expectations	Meets expectations	Below expectations	Feedback
Briefly stated controversy identified (e.g., one paragraph or less)				
Demonstration of high-level, evidence-based data collected from the literature (e.g., not opinions)				
Incorporation of actual data into the paper (e.g., not the summaries and conclusions of referenced authors)				
The stated conclusion is based on the specific data cited in the exposition (e.g., there should be ample evidence-based data recorded in the paper to convince a third party of the validity of stated conclusions)				
Overall evaluation				

Required Assignment 2: Comprehensive Surgical Care
Students must provide comprehensive surgical care for 3 to 6 patients during the clerkship and document each phase of care for their surgical patients in ETS. Comprehensive surgical patient care is **three-fold** and students must:
1. Participate in a pre-surgery initial consultation, gather a history and physical, assess comorbidities and surgical risk, patient education, informed consent, and interprofessional communication;
2. Participate in the surgery including scrub case;
3. Participate in post-operative care and post-operative planning with patient care and discharge coordination.

Submission
- Document completion **of each comprehensive surgical care patient** as an Educational Activity in ETS by selecting "[SURG] Completion of comprehensive surgical care patient (pre-surgery, surgery, and post-surgery participation)" in the drop-down menu.

Evaluation
- Student progress will be monitored by their Clerkship Director.

Required Assignment 3: Aquifer WISE-MD Online Cases
Students are **required** to complete the **twenty-two (22) Surgery Modules** from the Aquifer WISE-Surgery virtual patient online learning site. There are 22 Surgery case modules in all with 16 optional skills modules. Students are required to complete all modules.

Evaluation
- Student progress will be monitored by their Clerkship Director.

Patient Care

Required Attendance
During the Surgery clerkships students are required to attend to clinical duties a minimum of 4.5 days per week. This includes half days (mornings) on Wednesdays prior to attending D3 sessions in the afternoons.

Patient Log Requirements using the Encounter Tracking System (ETS)
Students should enter patient encounter data into the Encounter Tracking System (ETS) daily.
Students must record at least 110 patient encounters during the Surgery Clerkship. Students will record all clinical problems and procedures that were part of patient encounters. The table below lists the required problems and procedures, including the location of service and the expected level of participation. All required problems and procedures must be at the **level of participation** as indicated.
- Students who have difficulty seeing a patient within a problem or procedure category should notify their Clerkship Director with sufficient time to **enable remedial action**.
- The problems and/or procedures marked with an asterisk* in the below table must be completed in the clinical setting and requires direct patient contact. The remaining conditions should be seen in the clinical setting but may be fulfilled by alternate educational activities as determined by the Education Director.

Category	Min. Req.	Problems/Conditions	Location of Service	Min. Level of Performance
Gastro-intestinal (GI) disease	40	Abdominal pain	Inpatient or Outpatient	Perform
		Acute abdomen evaluation	Inpatient or Outpatient	Perform
		Ascites	Inpatient or Outpatient	Perform
		Appendicitis	Inpatient or Outpatient	Assist
		Small bowel obstruction	Inpatient or Outpatient	Assist
		Volvulus	Inpatient or Outpatient	Assist
		Cholecystitis	Inpatient or Outpatient	Assist
		Diverticulitis	Inpatient or Outpatient	Assist
		Gastritis	Inpatient or Outpatient	Assist
		Gastroesophageal reflux disease (GERD)	Inpatient or Outpatient	Assist
		GI bleed, lower	Inpatient or Outpatient	Assist
		GI bleed, upper	Inpatient or Outpatient	Assist
		Peptic or gastric ulcer	Inpatient or Outpatient	Assist
General surgical (non-GI)	20	Bariatric assessment	Outpatient	Perform
		Benign breast disease	Outpatient	Assist
		Breast mass	Outpatient	Assist
		Abscess	Outpatient	Assist
		Cyst, epidermal	Outpatient	Assist
		Cyst, ganglion	Outpatient	Assist
		Cyst, pilonidal	Outpatient	Assist
		Cyst, sebaceous	Outpatient	Assist
		Gunshot wound (GSW)	Outpatient	Assist
		Laceration	Outpatient	Assist
		Lipoma	Outpatient	Assist
		Non-healing wound	Outpatient	Assist
		Skin abscess	Outpatient	Assist
		Skin lesion	Outpatient	Assist
		Skin tag	Outpatient	Assist
		Electrolyte disorder	Inpatient	Perform
		Hernia, abdominal	Inpatient or Outpatient	Assist
		Hernia, femoral	Inpatient or Outpatient	Assist
		Hernia, hiatal	Inpatient or Outpatient	Assist
		Hernia, inguinal	Inpatient or Outpatient	Assist
		Patient Safety	Inpatient or Outpatient	Assist
		Workplace safety and sterile technique	Inpatient or Outpatient	Assist
		Perianal conditions	Inpatient or Outpatient	Assist
		Post-op management	Inpatient	Perform
		Informed Consent	Inpatient	Perform
		Pre-op assessment	Inpatient or Outpatient	Perform
		Trauma	Inpatient or Outpatient	Perform
		Trauma, blunt	Inpatient or Outpatient	Perform
		Trauma, penetrating	Inpatient or Outpatient	Perform
Oncology	20	Cancer, breast	Inpatient or Outpatient	Assist
		Cancer, skin	Inpatient or Outpatient	Assist
		Cancer, pancreatic	Inpatient or Outpatient	Assist
		Cancer, thyroid	Inpatient or Outpatient	Assist
		Cancer, colon	Inpatient or Outpatient	Assist
		Cancer, colorectal	Inpatient or Outpatient	Assist
		Cancer, esophageal	Inpatient or Outpatient	Assist
		Cancer, gastric	Inpatient or Outpatient	Assist
		Cancer, other	Inpatient or Outpatient	Assist
		Cancer, lymphatic system or lymphoma	Inpatient or Outpatient	Assist

Category	Min. Req.	Procedures/Screenings	Location of Service	Min. Level of Performance
Operations conducted under general anesthesia*	30	Major surgical procedure*	Inpatient or Outpatient	Assist
General surgery	20	Biopsy, breast	Outpatient	Assist
		Biopsy, other	Outpatient	Assist
		Biopsy, skin	Outpatient	Assist
		Breast cancer surgical therapy	Inpatient or Outpatient	Assist
		Central venous access	Inpatient or Outpatient	Assist
		Colonoscopy	Outpatient	Assist
		Elliptical excision	Outpatient	Assist
		Excision, cutaneous tumor/cyst	Outpatient	Assist
		Hernia repair, abdominal	Inpatient or Outpatient	Assist
		Hernia repair, femoral	Inpatient or Outpatient	Assist
		Hernia repair, hiatal	Inpatient	Assist
		Hernia repair, inguinal	Inpatient or Outpatient	Assist
		Incision and drainage	Inpatient or Outpatient	Assist
		Laparoscopic surgery	Inpatient or Outpatient	Assist
		Laparotomy	Inpatient	Assist
		Minor surgical procedure	Outpatient	Assist
		NG tube placement	Inpatient or Outpatient	Assist
		Parathyroidectomy	Inpatient or Outpatient	Assist
		Thoracentesis	Inpatient or Outpatient	Assist
		Thyroidectomy	Inpatient or Outpatient	Assist
		Vascular surgery, arterial	Inpatient or Outpatient	Assist
		Vascular surgery, vein stripping/ablation	Inpatient or Outpatient	Assist
		Vasectomy	Outpatient	Assist
Wound repair or wound suturing*	10	Wound repair/suturing*	Inpatient or Outpatient	Perform
Airway management or intubation*	3	Bag and mask ventilation*	Inpatient or Outpatient	Perform
		Intubation*	Inpatient or Outpatient	Perform
Foley urinary catheter placement (at least 1 female and 1 male)	2	Foley placement	Inpatient or Outpatient	Perform

Alternate Educational Experiences
For students unable to complete and record a required clinical encounter or other clerkship requirements due to circumstances beyond their control, the Education Director will determine an appropriate alternative educational experience. Additional clinical encounters are the preferred method to complete the requirements of this clerkship. Students may be exposed to the conditions or diseases secondarily through reading assignments, completion of Aquifer cases, or discussions with the Clerkship Director, and will record as instructed in the ETS, and only under the direction of the Education Director. The utilization of alternative educational activities is monitored by the curriculum committee regularly.

Online Curriculum

The required didactic content for the clerkship is available through Aquifer WISE-Surgery, a case-based computer simulation system. Requirements are referenced in the Assignments section of this syllabus.

Clerkship Director Meeting

Students will meet with their Clerkship Director weekly to verify patient log entries, provide breadth and depth of patient experience, avoid duplication, and assure compliance with clerkship objectives. Clerkship Directors will monitor case-based didactic sessions and student progress on Aquifer WISE-Surgery cases. At the mid-clerkship evaluation Clerkship Directors will review student work hours, patient log, and progress on the clerkship.

Clerkship Examinations

Summative Examination

At the end of the clerkship, students will take the 110-question NBME Clinical Subject Examination for **Surgery**. LIC students will take their end of course exam according to the LIC policies document.

This exam does not test your knowledge of surgical technique but instead concentrates on establishing a diagnosis, principles of management, nutritional and digestive diseases, and understanding of the mechanisms of disease. This exam tests the application and integration of knowledge, rather than the recall of isolated facts. For these reasons, students cannot just study isolated facts, or cram at the last minute. A schedule of programmed reading throughout the clerkship is necessary to be successful. Many students have seen only the drama of the operating room, failing to see this "medical" side of surgery, and have therefore felt that the exam is "almost all medicine."

Optional Formative Self-Assessment

The NBME's Self-Assessment Services (NSAS) Clinical Science Mastery Series offers a $20 clerkship-specific exam preparation that includes in-depth answer explanations. Students may purchase an NSAS examination for any clerkship.

Learning Resources

Institutional Resources

The Maguire Medical Library offers 24/7 remote access to online resources such as Mobile Resources, Point of Care, and Subject Guides to support the **core clerkships.**

Required Reading

Students will use *Surgery: A Case-Based Clinical Review by de Virgilio et al (2019)* located on the Surgery Subject Guide as their main text for the clerkship.

Weekly reading schedule for required text Surgery by Christian de Virgilio (Editor) Publication Date: 2019	
Week	Chapter
1	Part I: Acute Care Surgery
	Part XI: Surgical Complications
	Part XII: Trauma
2	Part VI: Hepatopancreaticobiliary
	Part VII: Lower Gastrointestinal
	Part XIV: Upper Gastrointestinal
3	Part II: Breast and Skin
	Part III: Cardiothoracic
	Part IV: Endocrine
4	Part V: Head and Neck
	Part VIII: Neurosurgery
	Part IX: Orthopedic
5	Part X: Pediatric
	Part XIV: Urology
	Part XV: Vascular
6	Question Sets and Answers for each part, Exam Preparation

Recommended Reading

A **self-study program** located on the Canvas M.D. Clerkships AY2025-2026 Surgery page has been designed to assist students in addressing the core content deemed necessary for this clerkship from among the vast amount of surgery-based learning information available. Many students focus only on the technical side (i.e., the procedures done in the operating room) when first confronted with surgery. Although the surgical technique is unquestionably important, preoperative preparation (including diagnosis and work-up) and postoperative care are of equal importance to the care of the operative patient. In addition to the self-study program, students are encouraged to review the texts available in the Surgery Subject Guide to supplement their clerkship knowledge base.

- *Sabiston Textbook of Surgery* 21st edition by Courtney M. Townsend; R. Daniel Beauchamp; B. Mark Evers; Kenneth L. Mattox, 2021 (**highly beneficial text**)
- *Schwartz's Principles of Surgery* 11th edition by F. Charles Brunicardi; Dana K. Andersen; Timothy R. Billiar; David

L. Dunn; John G. Hunter; Raphael E. Pollock; Jeffrey B. Matthews; Lillian Kao, 2019 (**highly beneficial text**)
- *Surgical Recall* 9th edition by Lorne H. Blackbourne, 2021
- *Current Diagnosis and Treatment: Surgery* 15th edition by Gerard M. Doherty, 2020
- *Shelf-Life Surgery* by Stanley Zaslau, 2014
- *Cope's Early Diagnosis of the Acute Abdomen* by William Silen, 2010
- *Essentials of General Surgery and Surgical Specialties* by Peter Lawrence, 6th Edition, 2019

Electronic Resources

Students are encouraged to review the ACS/ASE Medical Students Core Curriculum: Essential Content for Surgery Clerkships https://www.facs.org/education/program/core-curriculum.

Evaluation

Formative Evaluation

A mid-clerkship evaluation is completed by the Clerkship Director to provide feedback on student progress toward the achievement of clerkship objectives, competencies, assignments, and required encounters. A student workflow guide is available on the Canvas M.D. Clerkships AY2025-2026 homepage.

Summative Evaluation

An evaluation of student clinical performance will be completed by the assigned clerkship faculty at the end of the clerkship, as well as by the resident the student worked with during the clerkship. A final summative report will be completed by the Clerkship Director at the end of the clerkship. The Education Director will review all components of the clerkship and include an assessment of each in the final grade summary.

Grading

Years 3 and 4 Grading Policy

The standardized Years 3 and 4 Grading Policy for clerkships and courses is located on the Office of Medical Education site. The final grade is assigned by the Education Director and is based on all aspects of the clerkship, including clinical performance, attitude, performance during weekly Clerkship Director meetings, and the results of the NBME Clinical Subject Exam. There are no grade quotas, and any student can earn a grade of honors.

Clerkship-Specific Grading Criteria

1. Any breach in professionalism renders a student ineligible for honors
2. Any assignment submitted late (without permission) or which requires remediation renders the student ineligible for honors and will result in the assignment of an initial grade of IR (Incomplete Remediation) until remediation has been completed
3. Failure to document timely and accurate work hours renders a student ineligible for honors
4. Clinical performance and content knowledge must be exemplary to be considered for honors or high pass
5. End of clerkship NBME examination must be at the
   a. 75th percentile or higher to be eligible for Honors consideration
   b. 60th percentile or higher to be eligible for High Pass consideration
   c. 10th percentile or higher to Pass
6. Active participation in weekly Clerkship Director meetings (pass/fail)
7. Satisfactory Clerkship Faculty and Clerkship Director evaluations documenting competency in all required domains
8. Satisfactory documentation of **at least 110** patient encounters in ETS (pass/fail)
9. Satisfactory documentation of **all required problems** at the indicated level of participation and location of service in ETS (pass/fail)
10. Satisfactory documentation of **all required procedures** at the indicated level of participation and location of service in ETS (pass/fail)
11. Satisfactory completion and timely submission/**upload** of required assignment #1 **"Evidence-based Controversies in Surgery"** by uploading paper to "Project Documents" in Student Academics (pass/fail)
12. Satisfactory documentation of required assignment #2 a**t least 3 comprehensive surgical patients** by recording as an Educational Activity in ETS (pass/fail)
13. Satisfactory completion and documentation of required assignment #3 **Aquifer WISE-Surgery 22 cases** (pass/fail)

Course Objectives

The following tables outline clerkship objectives and assessment methods for each and are intended to be used as a guide for student learning. Each clerkship objective is mapped to the [FSU COM Educational Program Objectives (EPOs)](#) and the [ACGME Core Entrustable Professional Activities (EPAs)](#).

SURGERY CLERKSHIP **COURSE OBJECTIVES**		EPO
SURG-1	Demonstrate proficiency in scrubbing and maintaining sterile technique, dressing clean and contaminated wounds, wound closure with sutures/staples, drain management, wound debridement, and operative assistance.	1, 2
SURG-2	Develop familiarity with suturing wounds, bladder catheterization, and airway management.	1, 2
SURG-3	Participate in the continuity of patient management through all phases of surgical care including pre-operative, peri-operative, intraoperative, postoperative, and post discharge.	1, 2
SURG-4	Identify and evaluate quality and utilize scientific evidence to resolve a controversy in surgical care.	2, 3
SURG-5	Demonstrate ability to provide concise and logical patient presentations.	4
SURG-6	Demonstrate familiarity with common anesthetic agents, their administration, recovery from their usage, and develop facility with airway management.	1, 2
SURG-7	Recognize an acute surgical abdomen and identify its probable cause.	1, 2
SURG-8	Conduct a focused medical history, targeted physical examination, and create a meaningful differential diagnosis for surgical conditions.	1, 2
SURG-9	Demonstrate familiarity with core surgical knowledge to include commonly encountered problems in orthopedics, urology, otolaryngology, thoracic/cardiovascular, and neurosurgery.	1, 2
SURG-10	Apply informatics to critical appraisal of surgical literature, and making evidence based surgical diagnostic and therapeutic decisions.	1, 2, 3
SURG-11	Effectively and respectfully communicate with colleagues, staff, patients, and families, emphasizing patient-centered care.	4
SURG-12	Demonstrate appreciation of ethical, cultural, and public health issues in surgery including traditionally underserved populations, and oversight of surgical practice at the local, state, and federal levels.	5, 6, 7

Component	Learning Objectives	Assessment
Ambulatory and Inpatient Medicine MAPS TO: SURG-8, SURG-11	1. Perform complete history and exams on patients 2. Communicate appropriate information orally to other health care personnel concisely	• Clerkship Director assessment • Faculty observation of student performing history and exam
Comprehensive Surgical Care Patients MAPS TO: SURG-1, SURG-2, SURG-3, SURG-6, SURG-7, SURG-8	1. Record a minimum of 3 comprehensive surgical care patients 2. Participate in a pre-surgery initial consultation, gather a history and physical, assess comorbidities and surgical risk, patient education, informed consent, and interprofessional communication. 3. Participate in the surgery including scrub case. 4. Participate in post-operative care and post-operative planning with patient care and discharge coordination.	• Clerkship Director assessment
Required ETS patient encounters MAPS TO: SURG-1, SURG-2, SURG-7, SURG-8, SURG-9	1. Document at least 110 patients 2. Document the following problems at the specified minimum number and level of participation: 40 Gastrointestinal disease patients, 20 General surgical (non-GI) patients, 20 Oncology patients 3. Document the following procedures: 30 Major surgery (operations conducted under general anesthesia), 20 General surgery, 10 Wound repair or wound suturing, 3 Airway management or intubation, 2 Foley urinary catheter placement of at least one female and one male	• Weekly review of patient logs in ETS
Evidence-Based Controversies in Surgery paper MAPS TO: SURG-4, SURG-9, SURG-10, SURG-11	1. Written demonstration of high-level, evidence-based data analysis once collected from the literature with a conclusion based on the specific data cited in the exposition.	• Education Director assessment
Aquifer WISE-MD cases MAPS TO: SURG-2, SURG-3, SURG-8	1. Completion of 6 required surgical cases: Abdominal Aortic Aneurysm, Carotid Stenosis, Pediatric Hernia, Thyroid Nodule, Trauma Resuscitation, Venous Thromboembolism	• Clerkship Director review
Weekly Clerkship Director meetings MAPS TO: SURG-5, SURG-8, SURG-9	1. Demonstrate oral presentation skills 2. Demonstrate clinical reasoning skills 3. Demonstrate time management skills through work hours 4. Participation in case-based didactic sessions	• Clerkship Director evaluation • Mid-rotation feedback summary • Review patient logs in ETS • Review of work hours • Review of progress on Aquifer WISE-MD cases

NBME Internal Medicine Subject Examination MAPS TO: SURG-8, SURG-9, SURG-12	1. Demonstrate knowledge and clinical reasoning to analyze clinical scenarios and answer basic, clinical, behavioral, and social science questions pertaining to Surgery	• Minimum score of 10th percentile to pass the course

Professionalism and Professional Identity Formation

Medical professionalism is a cornerstone of the practice of medicine, embodying the values, behaviors, and responsibilities that are essential to building and maintaining trust between physicians, patients, and society. As a medical student and future physician, understanding and demonstrating professionalism is vital to your personal development.

The expectation is for all students to demonstrate a commitment to personal and professional growth and to carry out professional responsibilities with integrity, adhere to ethical principles and codes of conduct, and respect differences in values, beliefs, and experiences in all interactions.

Professional identity formation involves integrating one's personal identity with the professional standards and expectations of the medical field. This ongoing process enables medical professionals to remain true to themselves while providing exceptional care to patients and becoming well-rounded physicians.

Across the 4-year curriculum you will be continuously evaluated according to these core attributes of Medical Professionalism:

- **Commitment to Professional Behavior and Ethical Practice**
  Adherence to ethical principles, such as beneficence, nonmaleficence, justice, and respect for autonomy.
  Examples: Maintaining confidentiality by avoiding discussing patient cases in public areas, even in CLC. Taking responsibility for personal lapses in Professionalism, and taking steps to address them, incorporating feedback.
- **Accountability**
  Medical professionals are accountable to their patients, peers, society, and the profession itself.
  Examples: Engaging responsibly with the FSUCOM curriculum, including demonstrating effort when preparing for required learning sessions or completing assignments. Arriving on time to required sessions, completing assignments by deadlines, and seeking feedback to improve your performance.
- **Honesty and Integrity**
  Acting with honesty, transparency, and moral courage, even in challenging situations.
  Examples: Acknowledging when you do not understand instead of pretending you do, seeking help when needed, crediting the contributions of others, and reporting lapses when appropriate.
- **Compassion and Respect for Others**
  Treating patients, colleagues, and team members with dignity, empathy, and cultural sensitivity.
  Examples: Actively listening during team discussions, valuing diverse perspectives, values and beliefs, being aware of bias in self and others, and avoiding disruptive behaviors like silencing your phone during classes and meetings.
- **Excellence, Self-discovery, and Personal Well-Being**
  A commitment to lifelong learning and the pursuit of the highest standards in medical knowledge, clinical skills, and patient care.
  Examples: Taking the initiative to go beyond required readings by exploring additional resources to deepen your understanding of challenging topics, applying metacognitive approaches to self-evaluate learning.

Why Professionalism Matters
Professionalism fosters trust, ensures accountability, and enhances the quality of care delivered to patients. It also strengthens the medical profession's role in society.

Violations of professionalism may result in a report of concern for unprofessional behavior and could lead to referral to the Student Evaluation and Promotion Committee (SEPC). Serious breaches of professionalism may result in suspension,

a failing grade for the clerkship/course, and/or referral to SEPC.

College of Medicine Policies

Absence and Attendance Policy
The College of Medicine has detailed attendance policies as they relate to each cohort and events that conflict with course schedules. See the [FSU COM Student Handbook](#) for details of the attendance policy, a notice of absences, and remediation. Students must use the [student absence request form located on Student Academics](#).
Extended absences from the clerkships are not permitted. Any absence from the clerkships must be **pre-approved by the Regional Campus Dean** before the beginning of the clerkship, using the student absence request form. The clerkship faculty, Clerkship Director, and Education Director must be notified of any absence in advance by the student, once approved by the campus dean. Under no circumstances should a student arrange with the clerkship faculty or elective faculty to be away from the rotation without first getting the campus dean's approval. Any approved absence from a required clerkship may result in the student receiving a grade of "incomplete" and the student is expected to make up missed time and/or complete alternative/additional assignments before a final grade will be assigned. **Unapproved absences during the clerkship are considered unprofessional behavior, will result in a grade of "incomplete" until remediated, and may result in a grade of "fail" for the clerkship.** In the case of illness or other unavoidable absence, follow the same procedure outlined above, and notify everyone as soon as possible.

Clinical Experience and Education Policy
The FSU COM uses the ACGME requirements regarding clinical experience and education as a guideline for our policy. Our goal is to provide a structure that supports patient safety and student education and facilitates personal-professional balance and well-being.
- Clinical experience and scheduled educational activities must be limited to no more than 80 hours per week when averaged over the number of weeks of the clerkship.
- Students must have at least one day out of every 7 completely free from clinical duties and required educational activities when averaged over the number of weeks of the clerkship.
- Clinical experience must not exceed 24 hours of continuously scheduled assignments, except up to 4 hours of additional time for effective transitions of care or student education. No additional patient care responsibilities may be undertaken during these 4 hours. After 24 hours continuously on call, students must have at least 14 hours free of clinical work and scheduled educational activities.
- Students should have 8 hours off between scheduled clinical experience and education periods.

Documentation of time spent on clinical experience and education:
Students will use ETS to document by self-report their daily work hours on required clerkships and courses. Students must enter daily hours to include both clinical experience and required educational activities. Failure to report work hours is considered a breach of professionalism.
Students will report the following:
- Clinical experience, including documentation in the medical record
- Required educational meetings (i.e., Doctoring 3, clerkship meetings, meetings with clerkship faculty, educational meetings at residency programs)
- **Hours** that **should not be included** in self-reported "work" hours include reading about patient conditions and procedures, self-directed study for clerkships/courses, work completed for assignments, learning modules, and assigned reading.

Office of Student Counseling Services
Candidates for the M.D. degree must be able to fully and promptly perform the essential functions in each of the following categories: Observation, Communication, Motor, Intellectual, and Behavioral/Social. However, it is recognized that degrees of ability vary widely between individuals. Individuals are encouraged to discuss their disabilities with the College of Medicine's Director of the Office of Student Counseling Services and the FSU Office of Accessibility Services (OAS) to determine whether they might be eligible to receive the accommodations needed to train and function effectively as a physician. The Florida State University College of Medicine is committed to enabling its students by any reasonable means or accommodations to complete the course of study leading to a medical degree.

Patient Log (ETS) Monitoring Policy
Encounter data are monitored by the Clerkship Directors to ensure that students are meeting clerkship requirements. If

it becomes apparent that students are not encountering the required patient conditions, efforts will be made to specifically select the patients with the required conditions. The level of participation in the care of patients is determined by the student's involvement during the history, physical exam, assessment, and treatment plan. The complexity of these components will vary, but to choose a level of participation, three categories have been created, all of which include supervision of the medical student. The student will select the level of participation that most closely describes their involvement in the patient encounter and will receive credit for documented participation at the required level or higher.

- **Observe** should be selected when the student observes a clinician conducting a patient encounter.
- **Assist** should be selected when the student assists a clinician in conducting the patient encounter.
- **Perform** should be selected when the student leads or conducts the patient encounter.

Student Mistreatment Policy

"Mistreatment" arises when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process. It can take the form of physical punishment, sexual harassment, psychological cruelty, and discrimination based on race, religion, ethnicity, sex, age, or sexual orientation. If a student feels they are being mistreated, the student should report this concern to the Division of Student Affairs (Student Support Coordinator, Assistant or Associate Dean for Student Affairs, or the Regional Campus Dean). We treat all such reports as confidential and do not tolerate reprisals or retaliations of any kind. Please refer to the Student mistreatment policy section in the [FSU COM Student Handbook](#) and [report incidents of mistreatment](#) as soon as possible.

University Policies

University Attendance Policy

Excused absences include documented illness, deaths in the family, and other documented crises, call to active military duty or jury duty, religious holy days, and official University activities. These absences will be accommodated in a way that does not arbitrarily penalize students who have a valid written excuse. Consideration will also be given to students whose dependent children experience serious illness.

Academic Honor Policy

The Florida State University Academic Honor Policy outlines the University's expectations for the integrity of student's academic work, the procedures for resolving alleged violations of those expectations, and the rights and responsibilities of students and faculty members throughout the process. Students are responsible for reading the Academic Honor Policy and for living up to their pledge to ". . . be honest and truthful and . . . [to] strive for personal and institutional integrity at Florida State University." (Florida State University Academic Honor Policy, found at **http://fda.fsu.edu/academic-resources/academic-integrity-and-grievances/academic-honor-policy**)

Americans With Disabilities Act

Florida State University (FSU) values diversity and inclusion; we are committed to a climate of mutual respect and full participation. Our goal is to create learning environments that are usable, equitable, inclusive, and welcoming. FSU is committed to providing reasonable accommodation for all persons with disabilities in a manner that is consistent with the academic standards of the course while empowering the student to meet the integral requirements of the course. Students with disabilities needing academic accommodation should: (1) register with and provide documentation to the Office of Accessibility Services; and (2) request a letter from the Office of Accessibility Services to be sent to the instructor indicating the need for accommodation and what type; and (3) meet (in person, via phone, email, skype, zoom, etc...) with each instructor to whom a letter of accommodation was sent to review approved accommodations. Please note that instructors are not allowed to provide classroom accommodations to a student until appropriate verification from the Office of Accessibility Services has been provided. This syllabus and other class materials are available in an alternative format upon request. For the latest version of this statement and more information about services available to FSU students with disabilities, contact the:

Office of Accessibility Services
874 Traditions Way
108 Student Services Building
Florida State University
Tallahassee, FL 32306-4167
(850) 644-9566 (voice)
(850) 644-8504 (TDD)

oas@fsu.edu
https://dsst.fsu.edu/oas

Academic Success

Your academic success is a top priority for Florida State University. University resources to help you succeed include tutoring centers, computer labs, counseling and health services, and services for designated groups, such as veterans and students with disabilities. The following information is not exhaustive, so please check with your advisor or the Department of Student Support and Transitions to learn more.

Confidential campus resources:

Various centers and programs are available to assist students with navigating stressors that might impact academic success. These include the following:

Victim Advocate Program

University Center A, Rm. 4100
(850) 644-7161
Available 24/7/365
Office Hours: M-F 8-5
https://dsst.fsu.edu/vap

Counseling and Psychological Services (CAPS)

Florida State University's Counseling and Psychological Services (CAPS) primary mission is to address psychological needs and personal concerns, which may interfere with students' academic progress, social development, and emotional well-being. The following in-person and virtual (tele-mental health) services are available to all enrolled students residing in the state of Florida:

1. Individual therapy
2. Group therapy
3. Crisis Intervention
4. Psychoeducational and outreach programming
5. After hours crisis-hotline
6. Access to community providers for specialized treatment

Call 850-644-TALK (8255) for more information on how to initiate services.

Counseling and Psychological Services

250 Askew Student Life Center
942 Learning Way
(850) 644-TALK (8255)
Walk-in and Appointment Hours:
M-F 8 am – 4 pm
https://counseling.fsu.edu/

Services at UHS are available to all enrolled students residing in Florida:

The mission of University Health Services (UHS) is to promote and improve the overall health and well-being of FSU students. UHS provides a coordinated continuum of care through prevention, intervention, and treatment. Services include general medical care, priority care, gynecological services, physicals, allergy injection clinic, immunizations, diagnostic imaging, physical therapy, and a medical response unit. The Center for Health Advocacy and Wellness (CHAW) assists students in their academic success through individual, group, and population-based health and wellness initiatives. Topics include wellness, alcohol and other drugs, hazing prevention, nutrition and body image, sexual health, and power based personal violence prevention. For more information, go to uhs.fsu.edu.

University Health Services
Health and Wellness Center
960 Learning Way
Tallahassee, FL 32306

Hours: M-F, 8 am – 4 pm
(850) 644-6230
https://uhs.fsu.edu/

Syllabus Change Policy
Except for changes that substantially affect implementation of the evaluation (grading) statement, this syllabus is a guide for the course and is subject to change with advance notice.